



Indiana State Teachers' Retirement Fund

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Indianapolis, IN 46204-2809

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Toll-Free: (888) 286-3544
FAX: (317) 232-3882
TTD: (317) 233-3306

Home Page: <http://www.in.gov/trf>
E-mail: trf@trf.in.gov

INSTRUCTIONS FOR COMPLETING THIS FEDERAL TAX WITHHOLDING FORM

1. Please complete this "Substitute Federal Tax Withholding Form" if you want a **fixed** amount of federal taxes withheld each month.
2. Please be sure that you have signed and dated this form.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL THIS OFFICE

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Substitute Federal Tax Withholding Form (For Fixed Monthly Amount)

PLEASE USE BLACK INK ONLY.

Member's Full Name (type or print)		Member's Social Security Number	
Member's Full Address (<i>Number and street or rural route</i>)		Member's TRF Number	
City	State	ZIP Code	Member's Phone Number () -
I authorize the Indiana State Teachers' Retirement Fund to withhold the following dollar amount each month as federal tax withholding:			\$
Member's Signature		Date of Member's Signature	
<p style="text-align: center;">This form is required for retirement processing.</p> <p style="text-align: center;">Should you have any questions regarding the tax status of your retirement, please consult a qualified tax professional.</p>			